



**Policy:** 4200  
**Procedure:** 4200.03

**Effective:** 11/20/06  
**Replaces:** 3100.21 and  
4203.04  
**Dated:** 2/19/02

**Chapter:** Behavioral Health  
**Rule:** Referrals for Mental  
Health/Psychiatric Services

### **Purpose:**

The Arizona Department of Juvenile Corrections (ADJC) Division of Programs and Institutions shall ensure that there is appropriate and timely referral for mental health services for juveniles requiring these services.

### **Rules:**

1. **ADJC PERSONNEL** shall initiate juvenile referrals for behavioral health/psychiatric services in the following manner beginning in the Reception, Assessment, and Classification (RAC) Unit:
  - a. The **RAC CORRECTIONAL REGISTERED NURSE (CRN) OR THE RAC UNIT PSYCHOLOGIST OR CLINICAL SUPERVISOR** shall refer new commitments and re-commitments that are already on prescribed psychotropic medications to the Psychiatrist within 8 hours of the juvenile's admission to a secure care facility on Form 4200.03A Mental Health Referral.
  - b. If a **PAROLE OFFICER** is aware of a returning juvenile (Parole Violator) discontinuing his/her psychiatric medication before re-admission to a secure facility without known physician recommendation:
    - i. The **PAROLE OFFICER** shall notify the CRN and the Unit Psychologist or Clinical Supervisor with the juvenile's community psychiatrist's name and contact number, and names and dosages of medications, if known;
    - ii. **CORRECTIONAL REGISTERED NURSE (CRN) OR THE UNIT PSYCHOLOGIST OR CLINICAL SUPERVISOR** shall refer the juvenile to the Psychiatrist.
  - c. The **PSYCHOLOGIST** shall refer juveniles who fall into the following categories to a substance abuse specialty unit:
    - i. Adjudicated for substance dependence related offenses;
    - ii. Court ordered to specific substance abuse treatment;
    - iii. Criminogenic and Protective Factors Assessment (CAPFA) and Substance Abuse Subtle Screening Inventory, Adolescent - second edition (SASSI-A2) assessment findings for substance dependence have clinically significant scores.
  - d. **PERSONNEL** shall refer those juveniles in any housing unit for mental health services through the Multidisciplinary Team (MDT) using Form 4200.03A Mental Health Referral to include, but not limited to the following. Juveniles who:
    - i. Exhibit behavioral, educational, or other mental health symptoms;
    - ii. Do not have a current mental health diagnosis;
    - iii. Were not previously prescribed psychotropic medications;
    - iv. Require a psychological evaluation and/or other testing;
    - v. Request mental health services.
  - e. The **SECURE FACILITY PSYCHOLOGIST OR CLINICAL SUPERVISOR** shall consult with the **MDT** as requested to help determine if the referral is routine or urgent. Examples of circumstances that might lead to possible referrals include signs and symptoms noted by a juvenile, ADJC personnel, or the juvenile's family such as, but not limited to the following:
    - i. Depression;
    - ii. Isolation;
    - iii. Trouble concentrating;
    - iv. Anxiety;
    - v. Hearing voices;
    - vi. Tearfulness;

- vii. Grief;
- viii. Irritability;
- ix. Sleeping difficulties;
- x. Impulsivity;
- xi. Suicidal or homicidal thoughts.
- f. **SEPARATION UNIT AND OTHER SECURE FACILITY PERSONNEL** shall refer juveniles housed in Separation for mental health services who:
  - i. Exhibit mental health symptoms while in Separation, e.g.
    - (a) Having imminently dangerous suicidal thoughts;
    - (b) Manifesting imminently dangerous self-injurious or self-mutilating behavior;
    - (c) Carrying out unsuccessful suicidal gestures (e.g. hanging, ingesting pills, strangling, etc.);
    - (d) Manifesting an acute change in mood or behavior after a traumatic event.
  - ii. Are referred to Separation three or more times, yet may or may not have a diagnosis or a prescription for medications; and/or
  - iii. Are in acute crisis, i.e., may be exhibiting behaviors that impair their capacity to recognize reality.
- g. Before referring a juvenile from Separation to the Psychiatrist, the **QMHP (INCLUDING THE MHTC)** shall assess the urgency of the referral in the following manner:
  - i. In acute situations (i.e. immediate danger to self or others due to a mental illness), **UNIT PERSONNEL** shall ensure the juvenile is in constant visual supervision until the evaluator is available for assessment in accordance with Procedure 4250.01 Suicide Prevention.
    - (1) Referrals will be made to the QMHP or On-Call Psychologist immediately (no later than two hours) when the juvenile is:
      - (a) Having imminently dangerous suicidal thoughts;
      - (b) Manifesting imminently dangerous self-injurious or self-mutilating behavior;
      - (c) Carrying out unsuccessful suicidal gestures (e.g. hanging, ingesting pills, strangling, etc.);
      - (d) Manifesting an acute change in mood or behavior after a traumatic event.
    - (2) The **QMHP** shall consult with the Psychiatrist to determine the clinical need of a referral to an inpatient psychiatric hospital;
    - (3) If inpatient psychiatric care is necessary, the Psychiatrist shall follow the process for civil commitment in accordance with Procedure 4255.01 Civil Commitment Process;
    - (4) The **YPO III CASE MANAGER** shall:
      - (a) Complete consent forms to obtain information (such as psychological, psychiatric, psych-educational, or psychosexual evaluations or discharge summaries) from prior mental health evaluators or treatment providers, if not already obtained;
      - (b) Submit these consents to the Health Unit's Medical Records Librarian, who shall distribute them accordingly.
  - ii. In non-urgent situations, the **QMHP** shall:
    - (1) Assess the juvenile within 72 hours from the time of referral;
    - (2) Review his/her written assessment and treatment recommendations at the MDT meeting;
    - (3) Place a copy of the referral in the juvenile's Mental Health file.
  - iii. If a **QMHP** determines a referral to other resources should precede a psychiatric consultation, **S/HE** shall write the reason for the alternative intervention in the response section of form 4200.03A Mental Health Referral and notify the referring source.
- h. **Crisis Psychiatric referrals.**
  - i. The **QMHP** shall evaluate the juvenile and place him/her on the appropriate Suicide Precautionary Status if the juvenile is not currently assigned. The **QMHP** shall consult with the facility psychiatrist as clinically necessary;

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- ii. If the juvenile is placed on Level 1 -Constant Supervision by the QMHP, the **QMHP** shall consult with the facility Psychiatrist and Psychologist or Clinical Supervisor;
    - iii. If the QMHP recommends a 72 hour evaluation, the **QMHP** shall consult with the facility Psychologist or Clinical Supervisor and Psychiatrist.
  - i. The **ON-CALL PSYCHOLOGIST, PSYCHIATRIST, OR CLINICAL SUPERVISOR** after hours shall determine the urgency of the referral.
    - i. S/he may consider a situation urgent to include, but not be limited to, a juvenile demonstrating or reporting current suicidal or homicidal thoughts and/or hearing voices;
    - ii. If a medication referral is being considered, the Psychology Associate II or Psychology On-Call personnel shall consult with the Psychiatrist.
2. The **QMHP** shall ensure that:
- a. All barriers to a juvenile's access to mental health services are eliminated;
  - b. Juveniles are referred for services in a timely manner;
  - c. Follow up to referrals are:
    - i. Timely;
    - ii. Documented and filed; and
    - iii. Consistent with the rules included herein.
  - d. Referrals are collected daily from each unit at the beginning of his/her work day and again before the end of assigned shift.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By:
11/20/2006	Kellie M. Warren		